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FOR POLITICAL STATEMENT OF OR OF STATEMENT OF STATEMENT OF STATEMENT OF STATEMENT OF STAT	ES AND PARTY COMMITTEES
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CHAIRPERSON	
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AFFILIATED OR CONNECTED ORGANIZATIONS	
Name Travel Industry Association of Kansas	
Mailing Address (Street, City, State, Zip Code) 700 SW Jackson, Roof Garden Sulte - Topeka, KS 6	86603
If not connected or affiliated with an organization, identify the tra	de, profession, or primary interest of the contributors
SIGNATURE: "I declare that this statement has been examined by me and to belief is true, correct and complete. I understand that the integral or intentionally filing a false document is a class A prisdement of the control of the co	entional failure to file this document
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